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APPLICANTS

verified KOM
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** CONTINUING DATA *****

This application is a CIP of 09/663,607 09/18/2000 PAT 6,721,597
and is a CIP of 09/663,606 09/18/2000 PAT 6,647,292

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Krista Miller-KOM</i>	Initials		

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21691
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TITLE

Monophasic waveform for anti-bradycardia pacing for a subcutaneous implantable cardioverter-defibrillator

FILING FEE RECEIVED 1434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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